

B15 0000000 115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

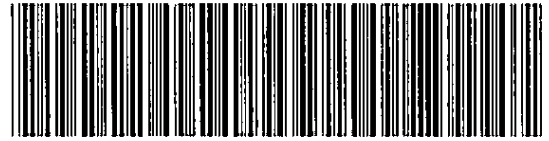
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900390681859

07/11/22--01089--001 \*\*52.50

2022 JUL 11 AM 9:08  
11:50

*Notice of Cancellation*

SEP 13 2022

D CUSHING

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orlando Medical Properties, LP  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Debbie Fultz

(Contact Person)

Sonkin & Koberna, LLC

(Firm/Company)

3401 Enterprise Parkway, Suite 400

(Address)

Beachwood, OH 44122

(City, State and Zip Code)

For further information concerning this matter, please call:

Debbie Fultz

at (216) 514-8300

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**NOTICE OF CANCELLATION  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

Orlando Medical Properties, LP

(Name of foreign limited partnership or limited liability limited partnership)

B15000000115

(Florida Document Number of the Foreign LP or LLLP)

Ohio

(Jurisdiction of formation)

05/05/2015

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner: Crescendo Orlando, LLC

DocuSigned by:

By: \_\_\_\_\_



D4337891EC23494...

Typed or printed name:

Joseph G. Greulich, Manager/Member

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

2022 JUL 11 AM 9:08

FILED